

# Rhode Island

Data as of July 2003

## Mental Health and Substance Abuse Services in Medicaid and SCHIP in Rhode Island

As of July 2003, 188,408 people were covered under Rhode Island's Medicaid/SCHIP programs. There were 178,543 enrolled in the Medicaid program and 9,301 enrolled in the Medicaid SCHIP expansion program and 564 were enrolled in the separate SCHIP program.. In state fiscal year 2001, Rhode Island spent \$1.1 billion to provide Medicaid services.

Approved in 1993 and implemented in 1994, Rhode Island obtained an 1115 waiver from the federal government to establish a new program, RItE Care that makes health insurance available to a number of previously uninsured families and individuals. This waiver has been amended several times and Rhode Island has also implemented an SCHIP Medicaid expansion program. As of July 2003 Rhode Island provides all Medicaid covered services to the following groups of people either through standard Medicaid, the 1115 waiver or the SCHIP Medicaid expansion.

- Families with children under age 18 and incomes of no more than 185% FPL;
- Pregnant women with incomes of no more than 250% FPL; and
- Children up to age 19 with family incomes of no more than 250% FPL.

The financing for both children and parents is split among the Medicaid program, the SCHIP Medicaid expansion program, and the separate SCHIP program as follows.

- The Medicaid program covers pregnant women in families with incomes up to 185% FPL, children from birth through age 7 in families with incomes below 250%, children ages 8 through 18 from families with incomes up to 100% FPL, and all parents with family incomes up to 100% FPL.
- The Medicaid SCHIP Expansion program covers children ages 8 through 18 in families with incomes between 100% and 250% FPL and parents in families with incomes between 100% and 185%. Families with incomes between 150 and 250% FPL pay a monthly premium between \$61 and \$92 per month
- The separate SCHIP program covers uninsured pregnant women in families with incomes of no more than 250% FPL who do not qualify for Medicaid due to excess income, as well as uninsured unborn children from birth to conception from families with incomes of no more than 250% FPL who do not qualify for Medicaid for a reason other than excess income. These women receive only those mental health and substance abuse services that are delivered by the Managed Care Organization (MCO).

Rhode Island requires low-income pregnant women, families, and children enrolled in the Medicaid and SCHIP Medicaid expansion program to enroll into comprehensive MCOs. Those enrolled in MCOs are required to obtain basic mental health and substance abuse services from their MCO. In addition

- All children enrolled in MCOs may obtain the following mental health and substance abuse services through fee-for-service: (1) residential substance abuse treatment services for adolescents aged 13 to 17, (2) residential treatment for children ordered by Division of Children, Youth, and Families (DCYF); (3) children's Intensive Services; (4) comprehensive emergency services, (5) child sexual abuse services, (6) DCYF ordered administratively necessary inpatient days prior-approved by the State, and (7) intensive community-based treatment prior approved by the State.
- All severely and persistently mentally ill (SPMI) adults and severely emotionally disturbed (SED) children may obtain through fee-for-service the seven mental health and substance abuse services listed above, as well as, the following mental health services: (1) individual, group, and family therapy, (2) acute psychiatric inpatient hospitalization, (3) emergency room visits for psychiatric emergencies,

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(3) day treatment, (4) inpatient psychiatric facility services for individuals under age 21 or 22 if confined beyond 21st birthday, (5) community psychiatric supportive treatment, (6) multi-disciplinary psychiatric treatment planning, (7) mobile treatment team, (8) crisis intervention

All Medicaid beneficiaries who are not enrolled in an MCO receive all mental health and substance abuse services through the fee-for-service system.

As of July 2003, about 119,257 Medicaid beneficiaries were enrolled into MCOs.

## Medicaid

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### ***Who is Eligible for Medicaid?***

#### **Families and Children**

1. Low income families with children under age 18 and incomes of 100% FPL or less.
2. Pregnant women in families with incomes up to 185% FPL
3. Children from birth through age 7 in families with incomes of 250% FPL or less.
4. Children ages 8 through 18 in families with incomes up to 100% FPL.
5. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act.

#### **Aged, Blind, and Disabled**

1. Individuals receiving SSI or Rhode Island's supplementary SSI payment.
2. Individuals who are (a) age 65 or over or meet the SSI definition of disability, (b) have adjusted incomes of no more than 100% FPL, and (c) adjusted resources of no more than \$4,000/individual; \$6,000/couple.
3. Individuals who are in an institution for at least 30 consecutive days and earn no more than 300% of the maximum SSI benefit.
4. Certain disabled children (18 or under) living at home, who would be eligible for Medicaid if in a medical institution.

#### **Medically Needy**

Members of the following groups may qualify for Medicaid coverage as Medically Needy if they have sufficient medical expenses.

1. Pregnant women
2. Children under age 18
3. Aged, Blind, and Disabled
4. Caretaker relatives

#### **Waiver Populations**

Rhode Island has an 1115 waiver that allows them to cover low-income families and children as previously described.

### ***What Mental Health/Substance Abuse Services are Covered by Medicaid?***

Medicaid must cover some types of services (mandatory services) and may cover some other types of services (optional services). The information presented here identifies the types of service Rhode Island Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that Rhode Island must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

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## Mandatory State Plan Services

| Inpatient Hospital Services |   |  |
|-----------------------------|---|--|
| Service                     | Description   | Coverage Requirements  |
| Inpatient Psychiatric Care  | Inpatient evaluation, diagnostic and treatment services for individuals provided in a general acute hospital, including acute psychiatric and substance abuse care. | <ul style="list-style-type: none"> <li>Services must be prescribed by a physician</li> <li>All admissions must be prior authorized by the Medicaid agency or its designated agent.</li> <li>Concurrent reviews are performed for all individuals who have been admitted to an acute care facility for the treatment of mental illness or substance abuse.</li> </ul> |

| Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services |  |  |
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| Service  | Description  | Coverage Requirements  |
| Outpatient   | Substance abuse and mental health services that would be covered if provided in another setting may be provided by an outpatient hospital clinic | <ul style="list-style-type: none"> <li>Beneficiaries may receive mental health and substance abuse services from an outpatient hospital, but the services are limited to the same extent as physician services, therapy, and other services as specified in the remainder of this document.</li> <li>Beneficiaries may not receive methadone maintenance services from an outpatient hospital clinic.</li> </ul> |
| Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)                       | Substance abuse and mental health services provided by an FQHC or RHC.   | Beneficiaries may receive mental health and substance abuse services from an FQHC or RHC, but the services are limited to the same extent as physician services, therapy, and other services as specified in the remainder of this document.   |

| Physician Services |  |   |
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| Service            | Description  | Coverage Requirements   |
| Physician Services | Medicaid-covered mental health and substance abuse services provided by a physician acting within his/her scope of practice, including | <ul style="list-style-type: none"> <li>Beneficiaries may receive mental health and substance abuse services from physicians, but the services are limited to the same extent as physician services, therapy, and other services as specified in the remainder of this document.</li> <li>The service must be within the physician's scope of practice.</li> </ul> |

| Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21 |  |   |
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| Service  | Description  | Coverage Requirements   |
| Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Mental Health Services        | EPSDT provides for access to services, including mental health and substance abuse services <ul style="list-style-type: none"> <li>in amounts greater than that otherwise covered by the Medicaid program</li> <li>That can be covered under federal Medicaid law, but that Pennsylvania has otherwise chosen not to cover.</li> </ul> | <ul style="list-style-type: none"> <li>Beneficiaries must be under age 21 to qualify for services.</li> <li>Service must be needed to ameliorate or treat a condition identified in an EPSDT screen.</li> <li>All services beyond that otherwise covered by the Medicaid agency must be prior authorized by the Medicaid agency.</li> </ul> |

## Optional State Plan Services

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| <b>Inpatient Psychiatric Services (for persons under the age of 22)</b> |  |  |
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| Service   | Description  | Coverage Requirements  |
| Inpatient Psychiatric Services for Persons under 21.                    | Evaluation, diagnostic and treatment services provided in a psychiatric hospital | <ul style="list-style-type: none"> <li>To qualify for services the beneficiary must               <ul style="list-style-type: none"> <li>be under age 21 on the date of admission</li> <li>need a level of care that cannot be met in a less restrictive setting.</li> </ul> </li> <li>All admissions to psychiatric hospitals must be pre-approved by the Medicaid agency or its designated agent.</li> </ul> |

| <b>Rehabilitative Services</b>                      |   |   |
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| Service   | Description   | Coverage Requirements   |
| Community Mental Health Services                    | Diagnosis, treatment, or rehabilitation of a mental disorder or a dysfunction related to a mental disorder, including the following services <ul style="list-style-type: none"> <li>Psychiatric rehabilitation day program</li> <li>Crisis Intervention Services</li> <li>Clinician services,</li> <li>Residential Treatment Programs</li> <li>Community psychiatric supported Treatment</li> </ul>   | <ul style="list-style-type: none"> <li>Beneficiaries may only receive services from community mental health centers and licensed providers of mental health under contract to Department of Mental Health (DMH).</li> <li>Services may only be provided as part of an active, approved treatment plan</li> <li>A beneficiary may not receive more than the following amounts of service without prior authorization from the Medicaid agency or its designated agent.               <ul style="list-style-type: none"> <li>30 outpatient counseling sessions per calendar year.</li> <li>60 days of day/evening treatment per calendar year.</li> <li>60 consecutive days of residential treatment per calendar year.</li> </ul> </li> </ul>  |
| Mental Health Services for Children and Adolescents | Services provided for the diagnosis, treatment, or rehabilitation of a mental disorder, or a dysfunction related to a mental disorder, including <ul style="list-style-type: none"> <li>Clinician's Services</li> <li>Crisis Intervention Services</li> <li>Psychiatric Rehabilitation Day program</li> <li>Comprehensive Emergency Services</li> <li>Early Start-Therapeutic Remedial Treatment Program</li> <li>Residential Treatment Program</li> <li>Early Intervention Services</li> </ul> | <ul style="list-style-type: none"> <li>To qualify for services, a beneficiary must               <ul style="list-style-type: none"> <li>Be under age 21 and</li> <li>be severely emotionally or behaviorally disturbed (as certified by the Department of Children, Youth, and Families (DCYF))</li> </ul> </li> <li>Services may only be provided as part of an active, approved treatment plan</li> <li>Beneficiaries may not receive more than 60 consecutive days of comprehensive emergency services unless more are authorized by DCYF.</li> <li>Beneficiaries may only receive               <ul style="list-style-type: none"> <li>Early start-therapeutic remedial treatment from early intervention treatment programs under contract with and licensed by DCYF.</li> <li>Residential treatment program services from designated alternative living programs or residential counseling programs under contract with and licensed by DCYF</li> <li>Early Intervention Services from Early Intervention Programs licensed and funded by the Department of Health</li> </ul> </li> </ul> |
| Children Intensive Services Program                 | Services to provide the necessary support and treatment to a child or adolescent and family to allow the family to remain intact, including <ul style="list-style-type: none"> <li>assessment and evaluation,</li> <li>family therapy,</li> <li>medical treatment and</li> </ul>  | <ul style="list-style-type: none"> <li>To qualify for services, a beneficiary must               <ul style="list-style-type: none"> <li>be under age 21 and</li> <li>be severely emotionally or behaviorally disturbed.</li> </ul> </li> <li>Services must be necessary to prevent the need for long-term residential or hospital psychiatric care on the part of the young</li> </ul>  |

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|                                    | <ul style="list-style-type: none"> <li>pharmacotherapy,</li> <li>intervention with schools,</li> <li>recreational activities,</li> <li>individual counseling and</li> <li>psychotherapy,</li> <li>group therapy, and</li> <li>intervention with child welfare, juvenile justice, local police, and other systems affecting youth.</li> </ul>                | <ul style="list-style-type: none"> <li>person.</li> <li>Services may only be provided as part of an active, approved treatment plan</li> </ul>   |
| Substance abuse treatment services | <p>Services to assess and treat substance abuse, including</p> <ul style="list-style-type: none"> <li>Assessment</li> <li>Individual group, family, and significant other counseling</li> <li>Day/Evening Treatment</li> <li>Residential Treatment</li> <li>Detoxification (outpatient and residential)</li> <li>LAAM and other opioid treatment</li> </ul> | <ul style="list-style-type: none"> <li>A beneficiary must have a 60-90 minute evaluation to qualify for the services, which includes a comprehensive biopsychosocial assessment, treatment needs, readiness of treatment, and recommended level of care.</li> <li>Beneficiaries may only receive services from facilities and programs licensed to provide substance abuse treatment services or narcotic treatment services</li> <li>Beneficiaries may only receive services that are provided in accordance with a treatment plan approved by a licensed physician or other licensed practitioners of healing arts.</li> <li>A beneficiary may not receive more than the following amounts of service without prior authorization from the Medicaid agency or its designated agent. <ul style="list-style-type: none"> <li>30 outpatient counseling sessions per calendar year.</li> <li>60 days of day/evening treatment per calendar year.</li> <li>60 consecutive days of residential treatment per calendar year.</li> </ul> </li> </ul> |

| Targeted Case Management       |   |  |
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| Service                        | Description   | Coverage Requirements  |
| Targeted Case Management (TCM) | <p>Services to help qualified beneficiaries access care, including</p> <ul style="list-style-type: none"> <li>maintaining up-to-date assessment and evaluations necessary for establishing eligibility for services;</li> <li>participating in the treatment planning process and monitoring client progress in meeting the goals and objectives of the plan;</li> <li>locating, coordinating, and monitoring all necessary medical, educational, vocational, social, and psychiatric services;</li> <li>assisting in the development of appropriate social networks; and</li> <li>assistance with other activities necessary to maintain the client's psychiatric stability in a community-based setting.</li> </ul> | <ul style="list-style-type: none"> <li>To qualify for services, the beneficiary must be living in the community with a severe and/or persistent mental or emotional disorder that seriously impairs their daily functioning.</li> <li>Services may only be provided as part of an individual plan of care</li> </ul> |
| Case Management for            | Services include  | To qualify for services the beneficiary must be  |

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| Child and Adolescent victims of incest, sexual molestation and sexual assault | <ul style="list-style-type: none"><li>• coordination of multi-agency involvement into the family where sexual abuse has occurred,</li><li>• activities to assure that the intervention plan developed by the involved agencies furnishes the necessary protection for victims,</li><li>• activities to assure that all required services are being delivered timely and effectively, and helping the family to negotiate systems</li></ul> | <ul style="list-style-type: none"><li>• under age 21 and</li><li>• have been the victim of incest, sexual molestation and sexual assault.</li></ul> |
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## SCHIP Medicaid Expansion Program

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### ***Who is Eligible for the SCHIP Medicaid Expansion Program?***

The Medicaid SCHIP Expansion program covers two groups of people.

1. Children ages 8 through 18 in families with incomes between 100% and 250% FPL and
2. Parents in families with incomes between 100% and 185%.

Families with incomes between 150% and 250% FPL must pay a monthly premium that ranges between \$61 and \$92 per month.

### ***What Mental Health/Substance Abuse Services are Covered by the SCHIP Medicaid Expansion Program?***

Service coverage in the Medicaid SCHIP expansion program is identical to coverage in the Medicaid program, which was described in the previous section.

## Separate SCHIP Program

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### ***Who is Eligible for the Separate SCHIP Program?***

The separate SCHIP program serves two groups of people.

1. Uninsured pregnant women in families with incomes of no more than 250% FPL who do not qualify for Medicaid due to excess income
2. Uninsured unborn children from birth to conception from families with incomes of no more than 250% FPL who do not qualify for Medicaid for a reason other than excess income.

### ***What Mental Health/Substance Abuse Services are Covered by the SCHIP Medicaid Expansion Program?***

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Benefits in Separate SCHIP programs must be actuarially equivalent to a benchmark selected by the State, among federally established options. Rhode Island has opted to use Secretary-approved coverage and provide the full Medicaid benefit package, as described previously in this document, to separate SCHIP participants